

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on

01/27/05

Gloria L. Knox

In Re Application of:

Matthew L. Fourney

Serial No.: 10/719,805

Filed: November 21, 2003

Confirmation No.: 3288

Group Art Unit: 3651

Examiner: Valenza, Joseph E.

Docket No.: 091303-1030

For: Apparatus and Methods for Conveying Objects

The following is a list of documents enclosed:

Return Postcard

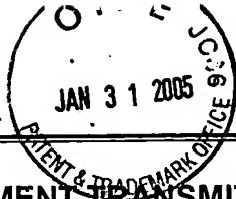
Amendment and Response

Amendment Transmittal Letter (Small)

Petition for Extension of Time under 37 CFR 1.136(a) for One-Month

Check in the amount of \$335.00 for additional claim fees and for a one-month extension of time fee

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (SMALL)**Applicant(s): **Matthew L. Fourney**

Docket No.

091303-1030Serial No.
10/719,805Filing Date
November 21, 2003Examiner
Valenza, Joseph E.Confirmation No.
3288Group Art Unit
3651Invention: **Apparatus and Methods for Conveying Objects****Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450**

Transmitted herewith is the Amendment and Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	33 -	26 =	7	X \$25.00	\$175.00
INDEP. CLAIMS	4 -	3 =	1	X \$100.00	\$100.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$
EXTENSION FEE	1 ST MONTH <input checked="" type="checkbox"/> \$60.00	2 ND MONTH <input type="checkbox"/> \$225.00	3 RD MONTH <input type="checkbox"/> \$510.00	4 TH MONTH <input type="checkbox"/> \$795.00	\$60.00
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$335.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☒ A check in the amount of 275.00 to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.



Timothy J. Wall, Reg. No. 50,7431-27-2005

Date